



**CONTRACT AWARD SHEET
DEPARTMENT OF PROCUREMENT MANAGEMENT**

Bid No. **IB8561-2/13**
Award Sheet

DIVISION

BID NO.: **IB8561-2/13**

PREVIOUS BID NO.: **IB8543-3/12**

TITLE: **MARINE INSURANCE FOR DERM VESSELS**

CURRENT CONTRACT PERIOD: **01/01/2008** through **12/31/2010**

Total # of OTRs: **2**

MODIFICATION HISTORY

Bid No. **IB8561-2/13**

Award Sheet

DPM Notes

APPLICABLE ORDINANCES

LIVING WAGE: **No**

UAP: **Yes**

IG: **Yes**

OTHER APPLICABLE ORDINANCES:

CONTRACT AWARD INFORMATION:

No Local Preference

No Micro Enterprise

No Full Federal Funding

No Performance Bond

Yes Small Business Enterprise (SBE)

No PTP Funds

No Partial Federal Funding

No Insurance

Miscellaneous:

REQUISITION NO.:

PROCUREMENT AGENT: **JENKIN-JONES, P**

PHONE: **305 375-4254**

FAX:

EMAIL: **PAME@MIAMIDADE.GOV**

DEPARTMENT OF PROCUREMENT MANAGEMENT
DIVISION

VENDOR NAME: **SOUTHEAST MARINE & AVIATION INSURANCE**
 DBA: **SEMA INSURANCE**
 FEIN: **650735104** SUFFIX : **02** 33134
 STREET: **2 ALHAMBRA PLAZA SUITE 1200** CITY: **CORAL GABLES** ST: **FL** ZIP:
 FOB_TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET30** TOLL PHONE: **-**

VENDOR INFORMATION:*CERTIFIED VENDOR**ASSIGNED MEASURES*Local Vendor: **Yes**SBE **Yes**Set Aside **No**Bid Pref. **No**Micro Ent. **No**Selection Factor **No**Goal **No**

Other:

Vendor Record Verified? **No**

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
AL MANSON	305-779-7676	-	305-779-7677	masona@semainurance.com

ITEMS AWARDED Section:Details: **IB8561-2/13****Contract is \$8,308.41.**

Item #	Description	Qty	Unit Price
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End of ITEMS AWARDED Section**AWARD INFORMATION Section**BCC Award: **No**DPM Award: **Yes**

BCC Date:

DPM Date: **12/18/2007****Contract Amount: \$ 8,308.41****Additional Items Allowed:****Agenda Item No.:****Special Conditions:**

BPO INFORMATION Section:

BPO ID :

----- **Commodities Info** -----

----- **Department Info** -----

Code **Description**

Department Id **Dollar Allocations**

End of BPO Information Section